
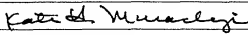


<p style="text-align: center;">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500 San Diego, California 92130</p>	Application Number	See Attached Appendix
	Filing Date	See Attached Appendix
	First Named Inventor	See Attached Appendix
	Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket No.	549172800000

<p>Please change the Correspondence Address for the above-identified application to:</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> X Customer Number <div style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;">25225</div> <div style="text-align: center;">→</div> <div style="text-align: center;">  25225 <small>Customer Number Base Code</small> </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;">25225</div> <div style="text-align: center;">→</div> <div style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;">25225</div> </div> </div>					
<input type="checkbox"/> Firm or Individual Name	Kate H. Murashige Morrison & Foerster LLP				
Address	3811 Valley Centre Drive, Suite 500				
City	San Diego	State	California	Zip	92130
Country	United States of America				
Telephone	(858) 720-5112	Fax	(858) 720-5125		
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or Agent of record. <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____ </div>					
Typed or Printed Name	Kate H. Murashige				
Signature					
Date	March 25, 2003				
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".</p>					
<input checked="" type="checkbox"/> X	*Total of <u>6</u> forms are submitted.				